



# **QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)**

Page number \_\_\_\_\_ of \_\_\_\_\_

**REMINDER: File your DE 9 and DE 9C together.**

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QUARTER  
ENDED

ZIU/

09 30 09

DUE

/2012/4/01786

/005/03/LZIU

10 01 09

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY

10 31 09

YR QTR  
09 3

EMPLOYER ACCOUNT NO.

436 8685 6

**DO NOT ALTER THIS AREA**

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

**DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017**

B. ☐ Check this box if you are reporting **ONLY** Voluntary Plan Disability Insurance wages on this page. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

535 60 2768

E. EMPLOYEE NAME (FIRST NAME)

DIANNA

(M.I.) (LAST NAME)

ANDERSON

F. TOTAL SUBJECT WAGES

7 344 20

G. PIT WAGES

7 344 20

H. PIT WITHHELD

13 79

D. SOCIAL SECURITY NUMBER

547 67 4800

E. EMPLOYEE NAME (FIRST NAME)

EILEEN

(M.I.) (LAST NAME)

M O'CONNELL

F. TOTAL SUBJECT WAGES

9 132 70

G. PIT WAGES

9 040 12

H. PIT WITHHELD

245 70

D. SOCIAL SECURITY NUMBER

547 77 2224

E. EMPLOYEE NAME (FIRST NAME)

LETICIA

(M.I.) (LAST NAME)

OROZCO

F. TOTAL SUBJECT WAGES

13 261 26

G. PIT WAGES

13 261 26

H. PIT WITHHELD

404 58

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

21 390 00

H. PIT WITHHELD

716 64

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

C HOLLOWAY

F. TOTAL SUBJECT WAGES

15 000 00

G. PIT WAGES

15 000 00

H. PIT WITHHELD

718 86

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

31 903 22

G. PIT WAGES

23 309 48

H. PIT WITHHELD

825 62

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

17 499 96

G. PIT WAGES

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H. PIT WITHHELD

982 26

I. TOTAL SUBJECT WAGES THIS PAGE

117 391 34

J. TOTAL PIT WAGES THIS PAGE

106 845 02

K. TOTAL PIT WITHHELD THIS PAGE

3 907 45

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required*

Title

Phone ( )

Date

(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

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10 31 09

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QUARTER ENDED  
ZIU/ /2012/4/01786  
/005/03/LZIU

EMPLOYER ACCOUNT NO.

436 8685 6

DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

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1st Mo.

2nd Mo.

3rd Mo.

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C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

562 74 0840

F. TOTAL SUBJECT WAGES

15 191 04

D. SOCIAL SECURITY NUMBER

570 75 9617

F. TOTAL SUBJECT WAGES

19 500 00

D. SOCIAL SECURITY NUMBER

570 77 2800

F. TOTAL SUBJECT WAGES

6 319 22

D. SOCIAL SECURITY NUMBER

571 35 3676

F. TOTAL SUBJECT WAGES

35 809 80

D. SOCIAL SECURITY NUMBER

611 07 4963

F. TOTAL SUBJECT WAGES

15 600 00

D. SOCIAL SECURITY NUMBER

613 92 7601

F. TOTAL SUBJECT WAGES

13 076 92

D. SOCIAL SECURITY NUMBER

616 22 1465

F. TOTAL SUBJECT WAGES

19 895 94

I. TOTAL SUBJECT WAGES THIS PAGE

125 392 92

J. TOTAL PIT WAGES THIS PAGE

121 943 03

K. TOTAL PIT WITHHELD THIS PAGE

6 256 33

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

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EMPLOYER ACCOUNT NO.

436 8685 6

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EFFECTIVE DATE

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1st Mo. 2nd Mo. 3rd Mo.

**DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017**

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Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

619 32 1765

E. EMPLOYEE NAME (FIRST NAME)

ALEX

(M.I.) (LAST NAME)

STETTINSKI

F. TOTAL SUBJECT WAGES

26 100 00

G. PIT WAGES

23 737 50

H. PIT WITHHELD

1 553 28

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

R

(M.I.) (LAST NAME)

P

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

E

(M.I.) (LAST NAME)

L

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

D

(M.I.) (LAST NAME)

O

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

D. SOCIAL SECURITY NUMBER

E. EMPLOYEE NAME (FIRST NAME)

N

(M.I.) (LAST NAME)

O

F. TOTAL SUBJECT WAGES

G. PIT WAGES

H. PIT WITHHELD

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E. EMPLOYEE NAME (FIRST NAME)

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E. EMPLOYEE NAME (FIRST NAME)

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H. PIT WITHHELD

I. TOTAL SUBJECT WAGES THIS PAGE

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J. TOTAL PIT WAGES THIS PAGE

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L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

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Phone ( )

Date

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# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

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09 30 09

10 01 09

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10 31 09

YR 09 QTR 3

QUARTER ENDED  
ZIU/ /2012/4/01786  
/005/03/LZIU

DUE

EMPLOYER ACCOUNT NO.

436 8685 6

DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

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1st Mo.

2nd Mo.

3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.  
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

535 60 2768

E. EMPLOYEE NAME (FIRST NAME)

DIANNA

(M.I.) (LAST NAME)

ANDERSON

F. TOTAL SUBJECT WAGES

7 344 20

G. PIT WAGES

7 344 20

H. PIT WITHHELD

13 79

D. SOCIAL SECURITY NUMBER

547 67 4800

E. EMPLOYEE NAME (FIRST NAME)

EILEEN

(M.I.) (LAST NAME)

M O'CONNELL

F. TOTAL SUBJECT WAGES

9 132 70

G. PIT WAGES

9 040 12

H. PIT WITHHELD

245 70

D. SOCIAL SECURITY NUMBER

547 77 2224

E. EMPLOYEE NAME (FIRST NAME)

LETICIA

(M.I.) (LAST NAME)

OROZCO

F. TOTAL SUBJECT WAGES

13 261 26

G. PIT WAGES

13 261 26

H. PIT WITHHELD

404 58

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

21 390 00

H. PIT WITHHELD

716 64

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

C HOLLOWAY

F. TOTAL SUBJECT WAGES

15 000 00

G. PIT WAGES

15 000 00

H. PIT WITHHELD

718 86

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

31 903 22

G. PIT WAGES

23 309 48

H. PIT WITHHELD

825 62

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

17 499 96

G. PIT WAGES

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H. PIT WITHHELD

982 26

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117 391 34

J. TOTAL PIT WAGES THIS PAGE

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K. TOTAL PIT WITHHELD THIS PAGE

3 907 45

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

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Page number 09 of 30

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QUARTER ENDED 09 30 09 DUE 10 01 09  
ZIU/ /2012/4/01786  
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DELINQUENT IF NOT POSTMARKED OR RECEIVED BY 10 31 09

YR 09 QTR 3

EMPLOYER ACCOUNT NO.

436 8685 6

**DO NOT ALTER THIS AREA**

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

**DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
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C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER <u>562 74 0840</u>	E. EMPLOYEE NAME (FIRST NAME) <u>RONALD</u>	(M.I.) (LAST NAME) <u>P COLCOL</u>	F. TOTAL SUBJECT WAGES <u>15 191 04</u>	G. PIT WAGES <u>14 279 58</u>	H. PIT WITHHELD <u>337 20</u>
D. SOCIAL SECURITY NUMBER <u>570 75 9617</u>	E. EMPLOYEE NAME (FIRST NAME) <u>JUSTIN</u>	(M.I.) (LAST NAME) <u>T WEISS</u>	F. TOTAL SUBJECT WAGES <u>19 500 00</u>	G. PIT WAGES <u>19 500 00</u>	H. PIT WITHHELD <u>951 00</u>
D. SOCIAL SECURITY NUMBER <u>570 77 2800</u>	E. EMPLOYEE NAME (FIRST NAME) <u>JOSE</u>	(M.I.) (LAST NAME) <u>A FLORES</u>	F. TOTAL SUBJECT WAGES <u>6 319 22</u>	G. PIT WAGES <u>5 931 97</u>	H. PIT WITHHELD <u>196 87</u>
D. SOCIAL SECURITY NUMBER <u>571 35 3676</u>	E. EMPLOYEE NAME (FIRST NAME) <u>HAROLD</u>	(M.I.) (LAST NAME) <u>BASTIAN</u>	F. TOTAL SUBJECT WAGES <u>35 809 80</u>	G. PIT WAGES <u>33 658 62</u>	H. PIT WITHHELD <u>2 426 64</u>
D. SOCIAL SECURITY NUMBER <u>611 07 4963</u>	E. EMPLOYEE NAME (FIRST NAME) <u>CONNIE</u>	(M.I.) (LAST NAME) <u>HWANG</u>	F. TOTAL SUBJECT WAGES <u>15 600 00</u>	G. PIT WAGES <u>15 600 00</u>	H. PIT WITHHELD <u>800 82</u>
D. SOCIAL SECURITY NUMBER <u>613 92 7601</u>	E. EMPLOYEE NAME (FIRST NAME) <u>JUAN</u>	(M.I.) (LAST NAME) <u>J SANZ</u>	F. TOTAL SUBJECT WAGES <u>13 076 92</u>	G. PIT WAGES <u>13 076 92</u>	H. PIT WITHHELD <u>530 28</u>
D. SOCIAL SECURITY NUMBER <u>616 22 1465</u>	E. EMPLOYEE NAME (FIRST NAME) <u>KENNETH</u>	(M.I.) (LAST NAME) <u>NAKANO</u>	F. TOTAL SUBJECT WAGES <u>19 895 94</u>	G. PIT WAGES <u>19 895 94</u>	H. PIT WITHHELD <u>1 013 52</u>
I. TOTAL SUBJECT WAGES THIS PAGE <u>125 392 92</u>	J. TOTAL PIT WAGES THIS PAGE <u>121 943 03</u>	K. TOTAL PIT WITHHELD THIS PAGE <u>6 256 33</u>			

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature Required

Title

Phone ( )

Date

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# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

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/005/03/LZIU

DUE

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YR 09 QTR 3

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

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1st Mo. 2nd Mo. 3rd Mo.

DOWNTOWN CENTER BUSINESS  
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LOS ANGELES CA 90017

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535 60 2768

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D. SOCIAL SECURITY NUMBER <b>562 74 0840</b>	E. EMPLOYEE NAME (FIRST NAME) <b>RONALD</b>	(M.I.) (LAST NAME) <b>P COLCOL</b>	G. PIT WAGES <b>14 279 58</b>	H. PIT WITHHELD <b>337 20</b>
F. TOTAL SUBJECT WAGES <b>15 191 04</b>				
D. SOCIAL SECURITY NUMBER <b>570 75 9617</b>	E. EMPLOYEE NAME (FIRST NAME) <b>JUSTIN</b>	(M.I.) (LAST NAME) <b>T WEISS</b>	G. PIT WAGES <b>19 500 00</b>	H. PIT WITHHELD <b>951 00</b>
F. TOTAL SUBJECT WAGES <b>19 500 00</b>				
D. SOCIAL SECURITY NUMBER <b>570 77 2800</b>	E. EMPLOYEE NAME (FIRST NAME) <b>JOSE</b>	(M.I.) (LAST NAME) <b>A FLORES</b>	G. PIT WAGES <b>5 931 97</b>	H. PIT WITHHELD <b>196 87</b>
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F. TOTAL SUBJECT WAGES <b>35 809 80</b>				
D. SOCIAL SECURITY NUMBER <b>611 07 4963</b>	E. EMPLOYEE NAME (FIRST NAME) <b>CONNIE</b>	(M.I.) (LAST NAME) <b>HWANG</b>	G. PIT WAGES <b>15 600 00</b>	H. PIT WITHHELD <b>800 82</b>
F. TOTAL SUBJECT WAGES <b>15 600 00</b>				
D. SOCIAL SECURITY NUMBER <b>613 92 7601</b>	E. EMPLOYEE NAME (FIRST NAME) <b>JUAN</b>	(M.I.) (LAST NAME) <b>J SANZ</b>	G. PIT WAGES <b>13 076 92</b>	H. PIT WITHHELD <b>530 28</b>
F. TOTAL SUBJECT WAGES <b>13 076 92</b>				
D. SOCIAL SECURITY NUMBER <b>616 22 1465</b>	E. EMPLOYEE NAME (FIRST NAME) <b>KENNETH</b>	(M.I.) (LAST NAME) <b>NAKANO</b>	G. PIT WAGES <b>19 895 94</b>	H. PIT WITHHELD <b>1 013 52</b>
F. TOTAL SUBJECT WAGES <b>19 895 94</b>				
I. TOTAL SUBJECT WAGES THIS PAGE <b>125 392 92</b>	J. TOTAL PIT WAGES THIS PAGE <b>121 943 03</b>	K. TOTAL PIT WITHHELD THIS PAGE <b>6 256 33</b>		
L. GRAND TOTAL SUBJECT WAGES	M. GRAND TOTAL PIT WAGES	N. GRAND TOTAL PIT WITHHELD		

O. I declare that the information herein is true and correct to the best of my knowledge and belief.

Signature *Required* \_\_\_\_\_ Title \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Date \_\_\_\_\_  
(Owner, Accountant, Preparer, etc.)

MAIL TO: State of California / Employment Development Department / P.O. Box 989071 / West Sacramento CA 95798-9071





# QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)

REMINDER: File your DE 9 and DE 9C together.

Page number \_\_\_\_\_ of \_\_\_\_\_

You must FILE this report even if you had no payroll. If you had no payroll, complete Items C and G.

QUARTER  
ENDED

ZIU/ /2012/4/01786  
/005/03/LZIU

DUE

DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY

YR QTR  
09 3

EMPLOYER ACCOUNT NO.

436 8685 6

DO NOT ALTER THIS AREA

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE

Mo. Day Yr.

WIC

A. EMPLOYEES full-time and part-time who worked during or received pay subject to UI for the payroll period which includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page. Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER

535 60 2768

E. EMPLOYEE NAME (FIRST NAME)

DIANNA

(M.I.) (LAST NAME)

ANDERSON

F. TOTAL SUBJECT WAGES

7 344 20

G. PIT WAGES

7 344 20

H. PIT WITHHELD

13 79

D. SOCIAL SECURITY NUMBER

547 67 4800

E. EMPLOYEE NAME (FIRST NAME)

EILEEN

(M.I.) (LAST NAME)

M O'CONNELL

F. TOTAL SUBJECT WAGES

9 132 70

G. PIT WAGES

9 040 12

H. PIT WITHHELD

245 70

D. SOCIAL SECURITY NUMBER

547 77 2224

E. EMPLOYEE NAME (FIRST NAME)

LETICIA

(M.I.) (LAST NAME)

OROZCO

F. TOTAL SUBJECT WAGES

13 261 26

G. PIT WAGES

13 261 26

H. PIT WITHHELD

404 58

D. SOCIAL SECURITY NUMBER

548 53 9033

E. EMPLOYEE NAME (FIRST NAME)

HERMAN

(M.I.) (LAST NAME)

PANG

F. TOTAL SUBJECT WAGES

23 250 00

G. PIT WAGES

21 390 00

H. PIT WITHHELD

716 64

D. SOCIAL SECURITY NUMBER

555 85 9090

E. EMPLOYEE NAME (FIRST NAME)

JACOB

(M.I.) (LAST NAME)

C HOLLOWAY

F. TOTAL SUBJECT WAGES

15 000 00

G. PIT WAGES

15 000 00

H. PIT WITHHELD

718 86

D. SOCIAL SECURITY NUMBER

558 17 5643

E. EMPLOYEE NAME (FIRST NAME)

MICHAEL

(M.I.) (LAST NAME)

G CLARK

F. TOTAL SUBJECT WAGES

31 903 22

G. PIT WAGES

23 309 48

H. PIT WITHHELD

825 62

D. SOCIAL SECURITY NUMBER

558 85 5406

E. EMPLOYEE NAME (FIRST NAME)

JOHN

(M.I.) (LAST NAME)

YANEZ

F. TOTAL SUBJECT WAGES

17 499 96

G. PIT WAGES

17 499 96

H. PIT WITHHELD

982 26

I. TOTAL SUBJECT WAGES THIS PAGE

117 391 34

J. TOTAL PIT WAGES THIS PAGE

106 845 02

K. TOTAL PIT WITHHELD THIS PAGE

3 907 45

L. GRAND TOTAL SUBJECT WAGES

M. GRAND TOTAL PIT WAGES

N. GRAND TOTAL PIT WITHHELD

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Title

Phone ( )

Date

(Owner, Accountant, Preparer, etc.)

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# **QUARTERLY CONTRIBUTION RETURN AND REPORT OF WAGES (CONTINUATION)**

Page number \_\_\_\_\_ of \_\_\_\_\_

**REMINDER: File your DE 9 and DE 9C together.**  
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QUARTER ENDED **09 30 09** DUE **10 01 09**  
**ZIU/ /2012/4/01786**  
**/005/03/LZIU**

**10 31 09**  
DELINQUENT IF  
NOT POSTMARKED  
OR RECEIVED BY

YR **09** QTR **3**

EMPLOYER ACCOUNT NO.

**436 8685 6**

**DOWNTOWN CENTER BUSINESS  
IMPROVEMENT DISTRICT  
626 WILSHIRE BLVD #200  
LOS ANGELES CA 90017**

**DO NOT ALTER THIS AREA**

P1 ☐ C ☐ T ☐ S ☐ W ☐ A ☐

EFFECTIVE DATE  
Mo. Day Yr. WIC

A. EMPLOYEES full-time and part-time who worked during  
or received pay subject to UI for the payroll period which  
includes the 12th of the month.

1st Mo. 2nd Mo. 3rd Mo.

B. ☐ Check this box if you are reporting ONLY Voluntary Plan Disability Insurance wages on this page.  
Report Personal Income Tax (PIT) Wages and PIT Withheld, if appropriate. (See instructions for Item B.)

C. ☐ NO PAYROLL

D. SOCIAL SECURITY NUMBER <b>562 74 0840</b>	E. EMPLOYEE NAME (FIRST NAME) <b>RONALD</b>	(M.I.) (LAST NAME) <b>P COLCOL</b>	G. PIT WAGES <b>14 279 58</b>	H. PIT WITHHELD <b>337 20</b>
F. TOTAL SUBJECT WAGES <b>15 191 04</b>				
D. SOCIAL SECURITY NUMBER <b>570 75 9617</b>	E. EMPLOYEE NAME (FIRST NAME) <b>JUSTIN</b>	(M.I.) (LAST NAME) <b>T WEISS</b>	G. PIT WAGES <b>19 500 00</b>	H. PIT WITHHELD <b>951 00</b>
F. TOTAL SUBJECT WAGES <b>19 500 00</b>				
D. SOCIAL SECURITY NUMBER <b>570 77 2800</b>	E. EMPLOYEE NAME (FIRST NAME) <b>JOSE</b>	(M.I.) (LAST NAME) <b>A FLORES</b>	G. PIT WAGES <b>5 931 97</b>	H. PIT WITHHELD <b>196 87</b>
F. TOTAL SUBJECT WAGES <b>6 319 22</b>				
D. SOCIAL SECURITY NUMBER <b>571 35 3676</b>	E. EMPLOYEE NAME (FIRST NAME) <b>HAROLD</b>	(M.I.) (LAST NAME) <b>BASTIAN</b>	G. PIT WAGES <b>33 658 62</b>	H. PIT WITHHELD <b>2 426 64</b>
F. TOTAL SUBJECT WAGES <b>35 809 80</b>				
D. SOCIAL SECURITY NUMBER <b>611 07 4963</b>	E. EMPLOYEE NAME (FIRST NAME) <b>CONNIE</b>	(M.I.) (LAST NAME) <b>HWANG</b>	G. PIT WAGES <b>15 600 00</b>	H. PIT WITHHELD <b>800 82</b>
F. TOTAL SUBJECT WAGES <b>15 600 00</b>				
D. SOCIAL SECURITY NUMBER <b>613 92 7601</b>	E. EMPLOYEE NAME (FIRST NAME) <b>JUAN</b>	(M.I.) (LAST NAME) <b>J SANZ</b>	G. PIT WAGES <b>13 076 92</b>	H. PIT WITHHELD <b>530 28</b>
F. TOTAL SUBJECT WAGES <b>13 076 92</b>				
D. SOCIAL SECURITY NUMBER <b>616 22 1465</b>	E. EMPLOYEE NAME (FIRST NAME) <b>KENNETH</b>	(M.I.) (LAST NAME) <b>NAKANO</b>	G. PIT WAGES <b>19 895 94</b>	H. PIT WITHHELD <b>1 013 52</b>
F. TOTAL SUBJECT WAGES <b>19 895 94</b>				
I. TOTAL SUBJECT WAGES THIS PAGE <b>125 392 92</b>	J. TOTAL PIT WAGES THIS PAGE <b>121 943 03</b>	K. TOTAL PIT WITHHELD THIS PAGE <b>6 256 33</b>		

L. GRAND TOTAL SUBJECT WAGES M. GRAND TOTAL PIT WAGES N. GRAND TOTAL PIT WITHHELD

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